FOND DU LAC COUNTY HEALTH CARE CENTER - FDD

459 EAST 1ST STREET

FOND DU LAC 54935 Phone: (920) 929-3500 Ownershi p: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: **FDDs** Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): Title 18 (Medicare) Certified? 24 No Total Licensed Bed Capacity (12/31/01): 24 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 21 Average Daily Census: 22

Services Provided to Non-Residents	١	Age, Sex, and Primary Diagn	Length of Stay (12/31/01)				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	14. 3 14. 3
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	85. 7	More Than 4 Years	71. 4
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	9. 5		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	4.8		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0.0	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi pl egi c	0. 0	95 & 0ver	0.0	Full-Time Equivalen	
Congregate Meals	Yes	Cancer	0. 0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	Yes	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	14. 3		
Transportati on	No	Cerebrovascul ar	0. 0	[`]		RNs	8. 0
Referral Service	No	Di abetes	0. 0	Sex	% j	LPNs	6. 0
Other Services	No	Respi ratory	0. 0		Ì	Nursing Assistants,	
Provi de Day Programming for	j	Other Medical Conditions	0. 0	Male	66. 7	Aides, & Orderlies	56 . 5
Mentally Ill	Yes			Female	33. 3		
Provide Day Programming for	j		100.0		j		
Developmentally Disabled	Yes				100.0		
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Method of Reimbursement

		ledicare litle 18			ledicaid itle 19			0ther		P	ri vate Pay	;]	Family Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				19	100.0	148	0	0.0	0	0	0.0	0	2	100.0	154	0	0.0	0	21	100.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		19	100.0		0	0.0		0	0.0		2	100.0		0	0.0		21	100. 0

**************************************	******	**************************************	**************************************	******* Condi t	*************ions, Services	**************************************	************ 2/31/01
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	4.8		76. 2	19. 0	21
Other Nursing Homes	20.0	Dressi ng	4.8		81. 0	14. 3	21
Acute Care Hospitals	20.0	Transferri ng	57. 1		33. 3	9. 5	21
Psych. HospMR/DD Facilities	20.0	Toilet Use	38. 1		47. 6	14. 3	21
Rehabilitation Hospitals	0.0	Eati ng	76. 2		14. 3	9. 5	21
Other Locations	40.0	****************	******	******	******	**********	******
Total Number of Admissions	5	Continence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa		4.8		Respi ratory Care	9. 5
Private Home/No Home Health	0.0	0cc/Freq. Incontinent		42. 9		Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	28 . 6	Recei vi ng		4. 8
Other Nursing Homes	0. 0					Ostomy Care	0. 0
Acute Care Hospitals	20. 0	Mobility				Tube Feeding	4. 8
Psych. Hosp MR/DD Facilities	0.0	Physically Restrained		28. 6	Recei vi ng	Mechanically Altered Diet	s 76.2
Rehabilitation Hospitals	0. 0						
Other Locations	80. 0	Skin Care				nt Characteristics	
Deaths	0. 0	With Pressure Sores		0. 0		ce Directives	100. 0
Total Number of Discharges	_	With Rashes		0.0	Medi cati ons		0.4.0
(Including Deaths)	5				Kecei vi ng	Psychoactive Drugs	61. 9

	This		DD	Foot		
	Facility %	** Fac	ilities Ratio	Faci	lties Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	91. 7	84. 6	1. 08	84. 6	1. 08	
Current Residents from In-County	42. 9	41. 3	1.04	77. 0	0. 56	
Admissions from In-County, Still Residing	40. 0	17. 0	2. 35	20. 8	1. 92	
Admissions/Average Daily Census	22. 7	18. 6	1. 22	128. 9	0. 18	
Di scharges/Average Daily Census	22. 7	22. 2	1.03	130. 0	0. 17	
Discharges To Private Residence/Average Daily Census	0. 0	9. 4	0.00	52. 8	0.00	
Residents Receiving Skilled Care	0. 0	0.0	0. 00	85 . 3	0.00	
Residents Aged 65 and Older	14. 3	15. 8	0. 90	87. 5	0. 16	
Title 19 (Medicaid) Funded Residents	90. 5	99. 3	0. 91	68. 7	1. 32	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	100. 0	99. 7	1.00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	40. 0	50. 6	0. 79	49. 3	0.81	
Psychological Problems	61. 9	46. 6	1. 33	51. 9	1. 19	
Nursing Care Required (Mean)*	11. 9	11.0	1. 08	7. 3	1.62	